

# The Future of California Corrections

*A blueprint to save billions of dollars, end federal court oversight and improve the prison system*



## **CDCR Releases Plan to Cut Billions in Prison Spending, Meet Federal Court Mandates**

*Federal health-care oversight should end by 2013*

### **Highlights**

#### **Reduce the Prison Budget**

- CDCR accounted for just three percent of General Fund spending 30 years ago, and increased to 11 percent in FY 2008-09. This plan will lower it to 7.5 percent in FY 2015-16. When realignment is fully implemented CDCR expenditures will drop by 18 percent overall.
- Without realignment, California would have had to build up to nine new prisons or release tens of thousands of inmates to comply with the Supreme Court's order.
- Thanks to realignment, California will spend much less on prisons. The annual prison budget will be reduced by \$1.5 billion upon full implementation.
- Annual savings of \$160 million will come from the closure of an old, costly prison (California Rehabilitation Center). California will also avoid some \$6 billion in construction and related costs for projects no longer needed.
- Out-of-state inmates (currently more than 9,500) will return to California, bringing jobs back and saving \$318 million a year while managing offenders closer to home

#### **Achieve Constitutional Level of Health Care to End Costly Lawsuits, Court Oversight**

- Medical, mental health and dental care in California prisons is under federal court supervision, notably medical care run by a Receiver with full spending authority.
- A key goal of CDCR's comprehensive plan is to end this expensive federal court oversight and to finally resolve health-related class-action lawsuits that date back years and decades.
- Prison health care is now at or close to constitutional levels. The federal judge who appointed

the Receiver now says it's time to prepare for the return of health care to California control.

- Slated for completion summer 2013, the California Health Care Facility in Stockton will provide 1,722 beds for inmates requiring long-term in-patient medical care and intensive in-patient mental health care.
- CDCR is also improving medical and dental clinical capacity throughout the prison system to ensure continued constitutional levels of health care.

### **Expand Rehabilitation to Help Reduce Recidivism, Save Long-Term Costs**

- CDCR's rehabilitation programs are currently below where they need to be to help reduce recidivism. For example, CDCR currently has only 1,528 substance-abuse treatment slots.
- Thanks to the steep reduction in overcrowding, rehabilitation programs will be available to at least 70% of the target inmate population, consistent with their academic and rehabilitative needs.
- Expanding rehabilitation reduces recidivism by better preparing inmates and parolees to be productive members of society upon their release or discharge.
- Continuity of care for parolees also improves the likelihood of successful reintegration; community-based programs will serve 70% of parolees who need substance-abuse treatment, employment services, or education.

### **Improve Prison Operations**

- New Staffing Standards: The downsizing caused by realignment has left CDCR with uneven staffing levels driven by now-outdated ratios. A new staffing formula will better manage staffing levels and cost.
- Improve Inmate Classification: Thanks to expert outside research, CDCR will safely shift more than 17,000 inmates to less expensive housing (by eliminating the need for high-security prison construction). The inmates will have greater access to rehabilitative programming while easing crowding in all security levels.
- End of non-traditional beds: Thanks to the smaller prison population, CDCR now no longer uses gyms and common rooms as temporary dormitories. The elimination of non-traditional beds makes California prisons safer
- Gang management: CDCR is about to improve the way it manages prison gangs with a Step-Down program; it gives offenders the chance to show they can refrain from criminal gang behavior and prepares them for less-restrictive housing

### **Note on Prison Population/Benchmark**

- CDCR met the first Three-Judge Court benchmark in December 2011 (167% of design capacity), will exceed the second benchmark in June 2012 (155% of design capacity), and expects to meet the third benchmark in December 2012 (147% of design capacity). The fourth and final benchmark (137.5% of design capacity) looks uncertain according to CDCR's latest population projections. Our current estimates indicate that by June 2013, the prison population will be at 141% of design capacity.
  - However, this comprehensive plan for the future of California prisons puts the state in a strong position to request to raise the final benchmark. The U.S. Supreme Court allowed that modifications to the order may be warranted.
  - CDCR's ability to provide acceptable health care is already substantially improved thanks to the reduced prison population. New health care facilities and enhanced treatment and office space at existing prisons will enable CDCR to maintain a quality healthcare system for a higher density prison population than originally contemplated by the court.
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